

Adapted Recreation Registration Form



Community Services Department ■ 3500 South Rural Road ■ Tempe, AZ 85282 ■ 480-350-5277 ■ FAX 480-350-5278

This form can be used to register up to two different family members -OR- up to two different activities for the same participant.

Household Information (Please Print)	
Last Name: _____	Primary Adult Contact: _____
Address: _____	APT # _____ City _____ Zip _____
Phone: Eve _____ Day _____ Additional _____	Additional _____
EMERGENCY CONTACT: _____	Phone: _____
EMERGENCY CONTACT: _____ (In case parent cannot be reached)	Phone: _____

* Please provide Participant Last Name *if different* from Household Last Name above.

Please Be sure to DOUBLE CHECK Activity Code to ensure you are registered for the correct activity.

Participant First Name (and Last Name if Different)	Middle Initial	Gender	Adult or Date Of Birth	Age	Grade	School	ACTIVITY CODE (eg. DSAY-1B)	Fee
Participant 1 & Class 1								
Alternate Choice if above is unavailable ----->								
Participant 2 OR Class 2								
Alternate Choice if above is unavailable ----->								

NOTE: If fee for 2nd Choice class is higher, pay higher fee and credit will be mailed as appropriate.

Total Amount Due: \$ _____

Check Number Enclosed _____

OR Complete VISA or MASTERCARD Information Below

Visa or MasterCard Number ----- Exp. Date: -----

Today's Date _____ Signature Authorizing Charge to above number _____

Waiver of Liability

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Participant Signature

AND Printed Name

Date

(Parent or Legal Guardian Signature for Participants under 18 years)

-- Over --

Staple Check or Money Order Here

In Case of Emergency:

Preferred Hospital _____

Doctor: _____

I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for his/her health and safety. I understand that the expense of this service will be accepted by me.

Family Doctor: _____ Phone: _____

List any known allergies: _____

List any medications that are presently being used, their dosages, and times given.

Type	Dosage	Time(s)

Type	Dosage	Time(s)

Is this participant subject to seizures? _____ Last Seizure: _____

What special assistance does this participant require? _____

List any additional information that you feel is pertinent for meeting participant's needs or possible emergency problems: _____

Consent Form and Photographic Release

Photographic Release

Our programs are of interest to the community. The local newspapers and television stations occasionally ask permission to photograph the participants at the site when doing reports about recreation activity if the situation presents itself during the course of the program.

I hereby give my consent to the use of television or photographs taken and/or published by the media for such publicity as the City of Tempe Community Services Department feels will benefit the work for the special population without consideration of any kind. I do hereby release the City of Tempe Community Services Department from any claims, whatever which may arise in said regard.

Pictures/Videos taken as part of our programs may be used in connection with illustrative or written printed matter, story, or news items. I waive the right to inspect, and/or approve the finished product that may be used.

Signed (Parent or Legal Guardian)

Date